

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: FYE 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name: Massac County Housing Authority**

**PHA Number: IL 041**

**PHA Fiscal Year Beginning: 07/2002**

**PHA Plan Contact Information:**

**Name: Carolyn M. Wills**

**Phone 618-524-8411**

**TDD:**

**Email mcha@midwestmail.com**

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA  
☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA  
☐ PHA development management offices  
☐ Main administrative office of the local, county or State government  
☐ Public library  
☐ PHA website  
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA  
☐ PHA development management offices  
☐ Other (list below)

**PHA Programs Administered :**

☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

## AnnualPHAPlan FiscalYear2003

[24CFRPart903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment F: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment D: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment E: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment G: Voluntary Conversion Initial Assessment	

### ii. Executive Summary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**Perhaps the major change is the decision of the Board of Commissioners to suspend its Community Service Requirement. This particular policy has had a negative impact on the occupancy rate of the Authority and the requirement for working families to perform this service created problems which will be eliminated. This change became effective on March 1, 2002.**

**The Board is also moving work items forward in the Five Year Plan. The increase in subsidy provided funds to accomplish much needed small items thus freeing money to accomplish larger needs at a more rapid pace.**

**Following three years of constant change, the Board anticipates few changes this year. The focus will be on vacancy reduction and on enforcing current policies.**

## **2. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$363,663

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

**ii041c01**

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

**ii041b01**

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

**2. Activity Description**

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

## B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum home owner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; or comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## 5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## 6. Other Information

[24 CFR Part 903.79(r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment **11041e01**

3. In what manner did the PHA address those comments? (select all that apply)  
 The PHA changed portions of the PHA Plan in response to comments  
 A list of these changes is included

☐ Yes ☐ No: below or

Yes ☐ No: at the end of the RAB Comments in Attachment

- x** Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment **il041f01**.

☐ Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Illinois Housing Development Authority

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- x** The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- x** The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- x** The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- x** Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)  
The Authority works closely with organizations assisting special needs populations. Included are physically and mentally handicapped, and victims of domestic violence.
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes **x** No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**Approval of the 5-year plan and collecting data necessary to prepare the Authority's plan.**

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

**Substantial deviation or significant amendment or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.**

B. Significant Amendment or Modification to the Annual Plan:

**See definition above**





## CapitalFundProgramFive -YearActionPlan

### PartI:Summary

PHAName: <b>MassacCo. HousingAuthority</b>				<input type="checkbox"/> Original5 -YearPlan xRevisionNo:2	
Development Number/Name/ HA-Wide	Year1	WorkStatementforYear2 FFYGrant: <b>2003</b> PHAFY: <b>2003</b>	WorkStatementforYear3 FFYGrant: <b>2004</b> PHAFY: <b>2004</b>	WorkStatementfor Year4 FFYGrant: <b>2005</b> PHAFY: <b>2005</b>	WorkStatementfor Year5 FFYGrant: <b>2006</b> PHAFY: <b>2006</b>
	Annual Statem ent				
41-1 Spence			21,000		
41-2Strickland					12,000
41-3King			13,115		
41-5 SpenceAd		237,921	19,889		
41-6Bunchman				4,961	
41-7Humma			28,332		301,663
41-8Young			70,041		18,000
41-9Fairmount		7,000	18,000	240,970	
PHAWide		118,742	193,286	117,732	32,000
CFPFunds Listedfor5 -year planning		363,663	363,663	363,663	363,663
Replacement HousingFactor Funds					

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivities**

Activities for Year1	ActivitiesforYear2 FFYGrant:2003 PHAFY:2003			ActivitiesforYear: FFYGrant: PHAFY:		
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
See	PHAwide	securitylig hts	15,000			
Annual	PHAwide	waterheaters	17,500			
Statement	41-5SpenceAdd	interiorrehab	237,921			
	PHAwide	architect	22,000			
	PHAwide	salaries	30,000			
	PHAwide	operations	5,500			
	41-9Fairmount	stoves	7,000			
	PHAwide	maintenancetruck	20,000			
	PHAwide	computerupgrade	8,742			
TotalCFPEstimatedCost			\$363,663			

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingP agesó WorkActivities**

ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004			ActivitiesforYear:3 FFYGrant:2004 PHAFY:2004		
<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWork Categories</b>	<b>EstimatedCost</b>
41-1Spence	waterheaters	21,000	PHAwide	A&EServices	22,000
41-8Young	structural evaluation	24,500	PHAwide	mgtimprovement	8,742
41-3King	replacegasmain	6,115	PHAwide	salaries	30,000
41-3King	waterheaters	7,000	PHAwide	operations	35,000
41-5SpenceAdd	waterheaters	7,000	PHAwide	maint.equipment	4,544
41-5SpenceAdd	tilereplacement	12,889	41-9Fairmount	aircond. -elderly	18,000
41-7Humma	curbs,guttering	2,925			
41-7Humma	patio	3,000			
41-7Humma	doorclosures	7,407			
41-7Humma	maint.equipment	5,000			
41-7Humma	comm.room equip.	10,000			
41-8Young	landscaping	4,000			
41-8Young	sewer	5,000			
41-8Young	airconditioners	4,500			
41-8Young	heating	9,000			
41-8Young	electrical	500			
41-8Young	doors	4,500			
41-8Young	painting	14,541			
41-8Young	waterheaters	3,500			
PHAwide	storage	73,000			
PHAwide	vehicle	20,000			
<b>TotalCFPEstimatedCost</b>		<b>\$</b>			<b>\$363,663</b>

## CapitalFundProgramFive -YearActionPlan PartII:SupportingPages ó WorkActivities

ActivitiesforYear:4 FFYGrant:2005 PHAFY:2005			ActivitiesforYear:5 FFYGrant:2006 PHAFY:2006		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
41-6Bunchman	painting	4,961	41-7Humma	sewer replacement	301,663
41-9Fairmount	interior	157,920	PHAWide	A&E	32,000
41-9Fairmount	storms/screens	32,000	41-2Strickland	Furn.,landsc aping	12,000
41-9Fairmount	504	35,000	41-8Young	Foundations	18,000
41-9Fairmount	electrical	8,000			
41-9Fairmount	site/parkinglot	8,050			
PHAWide	salaries	30,000			
PHAWide	operations	35,000			
PHAWide	A&E	22,000			
PHAWide	training	8,742			
PHAWide	administrative office	10,000			
PHAWide	officeequipment	5,502			
PHAWide	maint.equipment	6,488			
TotalCFPEstimatedCost		\$363,663			\$363,663



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b> <b>Summary</b>					
<b>PHAName:</b> <b>Massac County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program <b>IL04106P041-501-02</b> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>
<b>xOriginal Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised</b> <b>Annual Statement (revision no: 1)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	6,000.00	0.00		
3	1408 Management Improvements	12,570.00	12,570.00		
4	1410 Administration	30,000.00	30,000.00		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	33,250.00	33,250.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	9,652.00	9,652.00		
10	1460 Dwelling Structures	204,741.00	218,894.00		
11	1465.1 Dwelling Equipment ó Nonexpendable	18,450.00	18,450.00		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000.00	0.00		

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b> <b>Summary</b>					
<b>PHAName:</b> <b>Massac County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program <b>IL04106P041-501-02</b> Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2002</b>
<b>xOriginal Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised</b> <b>Annual Statement (revision no: 1)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency	29,000.00	29,000.00		
20	Amount of Annual Grant: (sum of lines 2-19)	\$351,816.00	\$351,816.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	66,000.00			
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	40,881.00			



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram <b>IL06P041501 -02</b> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant:  <b>2002</b>		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
IL41-1 Spence	Chimneyrepair	1460		8,340	8,340			
IL41-1	Siding	1460		52,000	52,000			
41-2 Strickland	Chimneyrepairs	1460		2,340	2,340			
41-3King	Chimneyrepair	1460		5,340	5,340			
41-3	Trashpads	1450		4,826	4,826			
41-7Humma	Railsandfiredoors	1460		46,800	46,800			
41-7	Paint, windows	1460		55,380	55,380			
41-7	Airconditio ners	1465.1		18,450	18,450			
41-9 Fairmount	Ramps,paint	1460		34,540	34,540			
41-9	Trashpads	1450		4,827	4,827			
PHAWide	Operations	1460		6,000	00.00			
PHAWide	ManagementImprovements	1408		12,570	12,570			
PHAWide	Administration	1410		30,000	30,000			
PHAWide	A&E	1430		33,250	33,250			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHAName:</b> <b>Massac County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program <b>IL06P041501 -02</b> Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b>  <b>2002</b>		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	Maintenance vehicle	1475		20,000	00.00			
PHAWide	Contingency	1502		29,000	29,000			
41-9	Bathrooms	1460		-0-	14,153.			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF )**  
**Part III: Implementation Schedule**

[illegible]

11041b01

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

<b>PHAName:</b> <b>MassacCountyHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgram: <b>CIAPIL06PO41916 -99</b> CapitalFundProgram ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> <b>1999</b>	
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <b>AnnualStatement(revisionno: 2)</b>		<input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b>		<input type="checkbox"/> <b>Revised</b>	
<input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:12/01</b>		<input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>			
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActual Cost	
		Original	Revised	Obligated	Expended
1	TotalNon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	25,000	-0-		
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	10,000	9,401.72	9,401.72	7,484.22
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	347,841	373,359.38	373,359.38	83,840.45
11	1465.1DwellingEquipment ó Nonexpendable				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b> <b>Summary</b>					
<b>PHAName:</b> <b>MassacCountyHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgram: <b>CIAPIL06PO41916 -99</b> CapitalFundProgram ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> <b>1999</b>
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>Revised</b>					
<b>AnnualStatement(revisionno: 2)</b> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:12/01</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActual Cost	
12	1470NondwellingStructures				
13	1475NondwellingEquip ment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	-0-	79.90	79.90	79.90
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines 2-19)	382,841	382,841	382,841	91,404.57
21	Amountoffline20RelatedtoLBP Activities				
22	Amountoffline20RelatedtoSection504 Compliance	18,000			
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergy ConservationMeasures	31,000			



**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHAName:</b> <b>MassacCountyHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgram#: <b>CIAPIL06P041916 -99</b> CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> <b>1999</b>		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: <b>MassacCountyHousing Authority</b>	GrantTypeandNumber CapitalFundProgram: <b>IL06PO41501 -00</b> CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: <b>2000</b>
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☐ Original Annual Statement  
☐ Reserve for Disasters/Emergencies  
☐ Revised  
 Annual Statement (revision no: 1)  
☒ Performance and Evaluation Report for Period Ending: 12/01  
☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	25,000	396.50	396.50	396.50
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	39,332	34,643.42	34,643.42	31,843.42
8	1440 Site Acquisition				
9	1450 Site Improvement	35,230	35,230	35,230	10,651
10	1460 Dwelling Structures	256,891	293,309.08	293,309.08	263,913.48
11	1465.1 Dwelling Equipment ó Nonexpendable	2,700	-0-		
12	1470 Non dwelling Structures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b> <b>Summary</b>					
<b>PHAName:</b> <b>MassacCountyHousing Authority</b>		<b>GrantTypeandNumber</b> CapitalFundProgram: <b>IL06PO41501 -00</b> CapitalFundProgram ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b> <b>2000</b>
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>Revised</b>					
<b>AnnualStatement(revisionno: 1)</b> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:12/01</b> <input type="checkbox"/> <b>FinalP erformanceandEvaluationReport</b>					
Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	4,510	84	84	84
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines 2-19)	363,663	363,663	363,663	306,888.40
21	Amountoffline20RelatedtoLBP Activities				
22	Amountoffline20RelatedtoSection504 Compliance	50,000			
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergy ConservationMeasures	15,000			

**AnnualStatement/PerformanceandEvaluationReport**  
**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**  
**PartII:SupportingPages**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHAName:</b> <b>MassacCountyHousingAuthority</b>		<b>GrantTypeandNumber</b> CapitalFundProgram#: <b>IL06PO41501 -00</b> CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> <b>2000</b>		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:**  
**Summary**

<b>PHAName:</b> <b>MassacCountyHousingAuthority</b>	<b>GrantTypeandNumber</b> CapitalFundProgram: <b>IL06P041501 -01</b> CapitalFundProgram ReplacementHousingFactorGrantNo:	<b>FederalFYofGrant:</b> <b>2001</b>
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☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised**

Annual Statement (revision no: 1)

☒ **Performance and Evaluation Report for Period Ending: 12/01** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	30,000	-0-		
3	1408 Management Improvement s	10,000	-0-		
4	1410 Administration	25,000	25,000	25,000	
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	32,000	45,105	45,105	7,501
8	1440 Site Acquisition				
9	1450 Site Improvement	16,960	16,960	16,960	
10	1460 Dwelling Structures	251,749	278,644	240,985	
11	1465.1 Dwelling Equipment ó Nonexpendable	-0-	3,713	3,713	
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				



<p><b>AnnualStatement/PerformanceandEvaluationReport</b></p> <p><b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:</b></p> <p><b>Summary</b></p>
--

PHAName: <b>MassacCountyHousingAuthority</b>	GrantTypeandNumber CapitalFundProgram: <b>IL06P041501 -01</b> CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: <b>2001</b>
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<input type="checkbox"/> OriginalAnnualStatement	<input type="checkbox"/> ReserveforDisasters/Emergencies	<input type="checkbox"/> Revised
AnnualStatement(revisionno: 1)		
<input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:12/01	<input type="checkbox"/> FinalPerformanceandEvaluationReport	

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	3,863	150		
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines 2-19)	369,572	369,572	331,763	7,501
21	Amountofline20RelatedtoLBP Activities				
22	Amountofline20RelatedtoSection504 Compliance	7,000			
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergy ConservationMeasures	6,000			

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: <b>MassacCountyHousingAuthority</b>		GrantTypeandNumber CapitalFundProgram#: <b>IL06P041501 -01</b> CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: <b>2001</b>		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	Operations	1460		30,000	-0-			
PHAWide	ManagementImprovement	1408		10,000	-0-			
PHAWide	Administration	1410		25,000	25,000	25,000		
PHAWide& 41-6	FeesandCosts	1430		32,000	45,105	45,105	7,501	17
IL41-6	SiteImprovement	1450		16,960	16,960	16,960		
IL41-6&PHA	Dwelling	1460		251,749	278,644	240,985		
IL41-6	DwellingNonexpendable	1465.1		-0-	3,713	3,713		
IL41-6	Relocation	1495.1		3,863	150			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Massac County Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>IL06P041501 -01</b> Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <b>2001</b>		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: <b>Massac County Housing Authority</b>			Grant Type and Number Capital Fund Program #: <b>IL06P041501 -01</b> Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <b>2001</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	



## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the **Applicable & On Display** column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>x</b>	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>n/a</b>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>x</b>	Fair Housing Documentation Supporting Fair Housing Certification: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
<b>x</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>x</b>	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>x</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>x</b>	Any policy governing occupancy of Police Officers in Public Housing <b>x</b> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>n/a</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>x</b>	Public housing rent determination policies, including the method for setting public housing flat rents <b>x</b> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<b>x</b>	Schedule of flat rents offered each year for public housing development <b>x</b> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
<b>n/a</b>	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>x</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>x</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>x</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>n/a</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>n/a</b>	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>x</b>	Public housing grievance procedures <b>x</b> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
<b>n/a</b>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>x</b>	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD-52837) for any active grant year	Annual Plan: Capital Needs



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>x</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<b>n/a</b>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>x</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52 (HA).	Annual Plan: Capital Needs
<b>n/a</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>n/a</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>x</b>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
<b>n/a</b>	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
<b>n/a</b>	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<b>x</b>	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
<b>n/a</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>x</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
<b>n/a</b>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<b>n/a</b>	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>n/a</b>	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	<b>Annual Plan: Safety and Crime Prevention</b>
<b>x</b>	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>x check here if included in the public housing A&amp;O Policy</p>	<b>Pet Policy</b>
<b>x</b>	<p>The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings</p>	<b>Annual Plan: Annual Audit</b>



il041d01

## **Required Attachment D: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**Mary Beggs**  
**Cleta Hines**  
**Ruby Reynolds**  
**Morris Smith**

**The above residents are the only ones who have responded following solicitation using flyers, bulletin board postings, and personal contact.**

**Resident Advisory Board  
Summary of Comments  
Annual/Five Year Plan  
March 25, 2002**

- 1) Residents would like picnic tables at Humma, Spence/Strickland Addition and Fairmount.
- 2) After examining the work items and budget figures for the one and five year plans, the members present agreed with the priorities and suggested no changes.
- 3) Residents requested an opportunity to review items once the amount of funding becomes known to the Authority.

**Board Consideration of Resident Comments**

- 1) Item one has been addressed in this year's budget. The items have been ordered.
- 2) Residents will have the opportunity to review work items after funding amount becomes available.

**Required Attachment F: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis  
☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member:

**11/1/2003**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Jerald Childers, Chair, Massac County Commissioners, Jim Modglin, and Dale Obermark serve as the county board. They are jointly responsible for appointment. I have met with them and explained the need for a resident commissioner. They are willing to appoint a resident.**

"Component10(B)VoluntaryConversionInitialAssessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?

FivedevelopmentsaresubjecttotheAssessment.

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?

ThreedevlopmentsarenotsubjecttotheAssessment.

c. How many Assessments were conducted for the PHA's covered developments?

## Eight

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments

None

[illegible]

d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:"

All Required Initial Assessments are complete with records file at the housing authority.